

112TH CONGRESS  
2D SESSION

# H. R. 6402

To amend the Public Health Service Act to authorize grants to 10 States for demonstration projects for the expansion of State registries on childhood immunization or health to include data on body mass index (BMI), collected and submitted to the State by health care providers.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2012

Mr. MORAN introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize grants to 10 States for demonstration projects for the expansion of State registries on childhood immunization or health to include data on body mass index (BMI), collected and submitted to the State by health care providers.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Surveillance, Tracking,  
5 Observation, and Prevention of Obesity Act of 2012”.

6 **SEC. 2. FINDINGS.**

7       The Congress finds the following:

1                   (1) Childhood obesity is at epidemic levels in  
2                   this Nation.

3                   (2) A surveillance system to monitor childhood  
4                   obesity prevalence across the United States is need-  
5                   ed to assess and address the situation.

6                   (3) Systems should be based on body mass  
7                   index (“BMI”), calculated from measured height  
8                   and weight of children, and should be implemented  
9                   in all States and territories.

10                  (4) Any national system should ideally be built  
11                  upon existing State-level public health infrastruc-  
12                  ture, such as immunization registries.

13                  (5) All 50 States currently maintain childhood  
14                  immunization tracking systems; their usage to track  
15                  childhood obesity data to build a national childhood  
16                  obesity surveillance system would limit the need to  
17                  create an entirely new or overlapping surveillance  
18                  system.

19                  (6) Immunization information systems under  
20                  subsections (a), (j), and (k)(1) of section 317 of the  
21                  Public Health Service Act (42 U.S.C. 247b) is fre-  
22                  quently the backbone of more comprehensive child  
23                  health information systems.

24                  (7) Existing immunization information systems  
25                  can provide an assessment mechanism for childhood

1       obesity prevalence and trends more accurate than  
2       that assessed from existing survey data and can  
3       measure the effectiveness of obesity intervention/  
4       wellness policies and programs already underway.

5                 (8) BMI is considered the “gold standard” for  
6       screening children for obesity, since it is based on  
7       routinely assessed measurements of height and  
8       weight.

9                 (9) Data should be collected by trained health  
10      professionals in clinical settings, not in a school set-  
11      ting.

12                 (10) Data collected must be interoperable be-  
13       tween each State and have the ability to be analyzed  
14       at the local level.

15                 (11) The robust monitoring of local obesity  
16       prevalence rates in children is an essential first step  
17       in epidemic prevention and control. There is an ur-  
18       gent need for accurate population-based data sys-  
19       tems to understand obesity prevalence, trends, and  
20       disparities among youth. The lack of data on inter-  
21       vention programs constrains the ability of planners  
22       and researchers to evaluate the effectiveness of  
23       intervention efforts.

1   **SEC. 3. DEMONSTRATION PROJECTS FOR EXPANSION OF**  
2                   **STATE REGISTRIES TO INCLUDE DATA ON**  
3                   **BODY MASS INDEX.**

4       Subsection (k) of section 317 of the Public Health  
5   Service Act (42 U.S.C. 247b) is amended—

6                   (1) by redesignating paragraphs (3) and (4) as  
7   paragraphs (4) and (5), respectively; and

8                   (2) by inserting after paragraph (2) the fol-  
9   lowing:

10          “(3)(A) The Secretary shall make grants to 10 States  
11   for demonstration projects for the expansion of State reg-  
12   istries on childhood immunization or health to include  
13   data on body mass index (BMI), collected and submitted  
14   to the State by health care providers.

15          “(B) To ensure that data maintained by a State in  
16   a registry funded under this paragraph can be analyzed  
17   by the Federal Government and by other State govern-  
18   ments, the Secretary shall require the registry to meet  
19   data standards and be interoperable.

20          “(C) The Secretary shall conduct a study of the dem-  
21   onstration projects funded under this paragraph and, not  
22   later than 3 years after the date of the enactment of this  
23   paragraph, submit to the Congress a report on the results  
24   of such study, including an analysis of the effectiveness  
25   of such projects.”.

